

03/31/00

Please type a plus sign (+) inside this box → ☐

04-03-00

A/RE

PTO/SB/50 (4/98)  
 Approved for use through 09/30/2000. OMB 0651-0033  
 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents  
 Box Patent Application  
 Washington, DC 20231

Attorney Docket No.	20060
First Named Inventor	Francisco Jose Barreras, Sr.
Original Patent Number	5,733,313
Original Patent Issue Date (Month/Day/Year)	March 31, 1998
Express Mail Label No.	EL 468139882 US

APPLICATION FOR REISSUE OF:  
 (check applicable box)

☒ Utility Patent ☐ Design Patent ☐ Plant Patent

## APPLICATION ELEMENTS

- ☒ \* Fee Transmittal Form (PTO/SB/56)  
(Submit an original, and a duplicate for fee processing)
- ☒ Specification and Claims (amended, if appropriate)
- ☒ Drawing(s) (proposed amendments, if appropriate)
- ☒ Reissue Oath / Declaration (original or copy)  
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)  
(copy - unsigned)
- Original U.S. Patent  
☒ Offer to Surrender Original Patent (37 C.F.R. § 1.178)  
(PTO/SB/53 or PTO/SB/54)  
 or  
☐ Ribboned Original Patent Grant  
☐ Affidavit / Declaration of Loss (PTO/SB/55)
- Original U.S. Patent currently assigned?  
☒ Yes ☐ No  
 (If Yes, check applicable box(es))  
☒ Written Consent of all Assignees (PTO/SB/53 or 54)  
 (copy-unsigned)  
☐ 37 C.F.R. § 3.73(b) Statement ☒ Power of Attorney  
 (copy-unsigned)

## ACCOMPANYING APPLICATION PARTS

- ☐ Foreign Priority Claim (35 U.S.C. 119)  
(if applicable)
- ☒ Information Disclosure Statement (IDS) PTO-1449 ☒ Copies of IDS Citations
- ☐ English Translation of Reissue Oath/Declaration  
(if applicable)
- ☐ \* Small Entity Statement filed in prior application,  
Statement(s) ☐ Status still proper and desired  
(PTO/SB/09-12)
- ☐ Preliminary Amendment
- ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
- ☒ Other: Order for Title

\* NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO PAY  
 SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED  
 (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION  
 IS RELIED UPON (37 C.F.R. § 1.28).

## 14. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Labelor ☐ Correspondence address below

(Insert Customer No. or Attach bar code label here)

Name	Thomas R. Vigil			
	c/o Vigil & Associates			
Address	836 South Northwest Highway			
City	Barrington	State	Illinois	Zip Code
Country	US	Telephone	(847) 382-6500	Fax
				(847) 382-6895

NAME (Print/Type)

Thomas R. Vigil

Registration No. (Attorney/Agent)

24,542

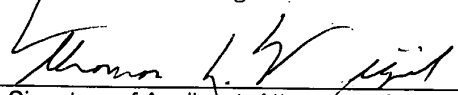
Signature

Thomas R. Vigil

Date

March 31, 2000

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional)		
						20060		
Claims as Filed - Part 1								
Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A)	Total Claims (37 CFR 1.16(j))	(B) 31	**** 11 =	x \$	=	or	x \$18 = \$198.00	
(C)	Independent Claims (37 CFR 1.16(i))	(D) 6	* 3 =	x \$	=		x \$78 = \$234.00	
Basic Fee (37 CFR 1.16(h))					\$		\$ 690.00	
Total Filing Fee					\$	OR	\$ 1,122.00	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	=	x \$	=	or	x \$ =
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$	=		x \$ =
Total Additional Fee					\$	OR	\$	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancelation of claims</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p>								
<p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.</p> <p>Applicant is filing this Reissue application with _____ missing parts under 37 CFR 1.53 and will submit the filing fee of \$1,122.00 and the surcharge of \$130.00 with the executed Declaration, Power of Attorney and Assent Of Assignee with a copy of the Notice To File Missing Parts.</p>								
<p><u>March 31, 2000</u> Date</p>		<p style="text-align: center;"> _____ Signature of Applicant, Attorney or Agent of Record</p> <p style="text-align: center;">Thomas R. Vigil, Reg. No. 24,542 _____ Typed or printed name</p>						

LAW OFFICES

**VIGIL & ASSOCIATES**

836 SOUTH NORTHWEST HIGHWAY  
BARRINGTON, ILLINOIS 60010-4683

PATENT, TRADEMARK, COPYRIGHT,  
LICENSING AND RELATED  
INTELLECTUAL PROPERTY LAW MATTERS

TELEPHONE (847) 382-6500  
TELECOPIER (847) 382-6895  
(847) 382-1280

E-MAIL ADDRESS:  
VIGIL@AMERITECH.NET

THOMAS R. VIGIL  
OF COUNSEL  
JAMES P. HANRATH, P.C.

March 31, 2000..

Assistant Commissioner of Patents  
Washington, D.C. 20231

Re: Our File Ref. 20060  
New U.S. Reissue Application  
Inventor - Francisco Jose Barreras, Sr., et al.  
For: RF COUPLED, IMPLANTABLE MEDICAL DEVICE  
WITH RECHARGEABLE BACK-UP POWER SOURCE

Dear Sir:

The enclosed Reissue application is being filed under Rule 1.16(e) and Rule 1.10n with no executed Declaration and without any filing fee.

Please be advised that we will file the executed Declaration and appropriate filing fee upon receipt of your Notice To File Missing Parts.

Very truly yours,

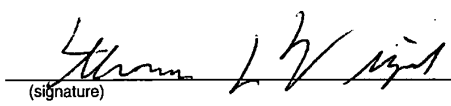
VIGIL & ASSOCIATES



Thomas R. Vigil

TRV/st  
Enclosures

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

(Also PTO Form 3.76)		DATE 3/31/2000	
DEPOSIT ACCOUNT ORDER FORM			
This form is to be used only for orders, the costs of which are to be charged against Patent and Trademark Office Deposit Accounts. IT MUST NOT BE USED FOR orders when payment is made by cash, checks, or coupons. In addition, it should not be used for ordering printed copies of U.S. Patents. Use a separate form for each of the following types of service ordered: Coupons, Recordings, Reproductions, Title Reports, Translations. Mail to: Commissioner of Patents and Trademarks, Washington, D.C. 20231.			
NAME AND ADDRESS OF DEPOSITOR Thomas R. Vigil c/o Vigil & Associates 836 South Northwest Highway Barrington, Illinois 60010		FOR OFFICE USE ONLY	
ACCOUNT NUMBER 22-0355	YOUR ORDER NUMBER 20060		
DESCRIPTION OF ARTICLES OR SERVICE TO BE FURNISHED			
The undersigned attorney hereby requests a title report of U.S. Patent No. 5,733,313 granted March 31, 1998 for: RF COUPLED, IMPLANTABLE MEDICAL DEVICE WITH RECHARGEABLE BACK-UP POWER SOURCE, which is to be filed in a Reissue Application for this patent filed on March 31, 2000.			
Please charge the fee for <i>the title report</i> <del>obtaining same</del> to Deposit Account No. 22-0355.			
Please expedite this order.			
If additional space is needed attach separate sheet.			
		 (signature)	
For prompt, accurate shipment please complete the following mailing label - please print or type.			
U.S. DEPARTMENT OF COMMERCE Patent and Trademark Office Washington, DC 20231 OFFICIAL BUSINESS Return after five days		(name) Thomas R. Vigil 836 South Northwest Highway Barrington, Illinois 60010 (street address)	
20060 YOUR ORDER NUMBER		(city, state, zip code)	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner of Patents and Trademarks, Washington, DC 20231.

Patent  
USSN - New US Reissue Application  
Atty Docket 20060

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:	)	
Francisco Jose Barreras, Sr. and	)	Group Art Unit:
Oscar Jimenez	)	Unknown
	)	
For: RF COUPLED, IMPLANTABLE MEDICAL	)	Examiner:
DEVICE WITH RECHARGEABLE BACK-UP POWER	)	Unknown
SOURCE	)	
	)	
Serial No. (Unknown)	)	
	)	
Filed: (Being Filed Herewith)	)	

**CERTIFICATE OF EXPRESS MAIL DEPOSIT**

"Express Mail" Mailing Label No. EL 468139882 US  
Date of Deposit: March 31, 2000

I hereby certify that this paper, or fee, is being deposited with the U.S. Postal Service "Express Mail Post Office to Addressee" service under 37 CFR §1.10 on the date indicated above and addressed to the Assistant Commissioner of Patents, Washington, D.C. 20231.

Thomas R. Vigil

(Typed or printed name of person mailing fee or paper)

*Thomas R. Vigil*

(Signature of person mailing fee or paper)

The documents being enclosed with and being filed with this paper are:

1. Reissue Application (18 pages)
2. 6 sheets formal drawings
3. Substitute Reissue Declaration by the Inventors, Power of Attorney and Assent of Assignee (5 pages) - unsigned
4. PTO Form 1449 and photocopies of 6 prior art references
5. Letter re application being filed with no executed Declaration and with no filing fee
6. This Certificate of Express Mail Deposit
7. Reissue Application Fee Transmittal Form
8. Reissue Patent Application Transmittal Form
9. Order of Title